

## Texas Department of Family and Protective Services HUB Subcontracting Plan (HSP) Change Request Form

### Section I. Legal Entity/Prime Contractor Information

|                        |                                |                |
|------------------------|--------------------------------|----------------|
| Date:                  | Legal entity/Prime contractor: | DFPS contract# |
| Point of contact:      | Phone#:                        | Email:         |
| DFPS contract manager: | Prime vendor identification#:  |                |

### \*Section II. Changing HSP for the following reasons (check all that apply): Requires written justification.

|  |  |
|--|--|
| Adding subcontractor-describe:           | Deleting subcontractor                                     |
|  | Deleting subcontracting opportunity                        |
| New subcontracting opportunity-describe: | Changing percentage/Dollar amount-enter percentage/amount: |
|  | Other-provide brief explanation:                           |
| Subcontractor sole source provider       |  |

### \*Section III. Description of Change

Note: Provided by prime contractor. When utilizing HUBs, provide a copy of the CMBL or Non-CMBL HUB status profile <https://mycpa.cpa.state.tx.us/tpasscmbsearch/index.jsp>

|   |                                      |
|---|--------------------------------------|
| Subcontractor name:   | Point of contact:                    |
| Email:  | Phone:                               |
|   | Subcontracting % or \$ amount:       |
|   | HUB? _____                           |
| Subcontractor Vendor Identification#:   | Description of change justification: |
| <i>(If sub VID# is not listed in CMBL, enter taxpayer# from: <a href="https://mycpa.cpa.state.tx.us/coa/Index.html">https://mycpa.cpa.state.tx.us/coa/Index.html</a> or <a href="https://mycpa.cpa.state.tx.us/staxpayersearch/SlsTxpyrSearch.jsp">https://mycpa.cpa.state.tx.us/staxpayersearch/SlsTxpyrSearch.jsp</a>. Do not use SSN.)</i> |                                      |

### \*Section IV. Prime Contractor Signature

|                    |        |
|--------------------|--------|
| Prime's signature: | Title: |
|--------------------|--------|

### Section V. For HUB Program Office Use Only:

|   |  |   |
|---|--|---|
| <b>Good Faith Effort (GFE)</b><br>GFE 1=Solicitation method<br><br>GFE 2=HUB vendor<br><br>GFE 3=Meeting/Exceeding Goal      Enter current goal%: | GFE documentation included<br><br>Justification provided<br><br>Comments | Change approved<br><br>Change <b>NOT</b> approved |
| HUB Program staff signature:  |  |   |

### Section VI: Program Area Contract Manager:

|            |
|------------|
| Signature: |
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